

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043611

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 267Primary Registration District No. 5911Registrar's No. 912

FILED NOV 26 1962

1. PLACE OF DEATH

a. COUNTY

Pemiscot

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Pascola TownshipLength of stay in lb
Transitc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION R. 2 Bragg CityInside Limits
Yes ☐ No ☒c. CITY
OR TOWN

Bragg City

Inside Limits
Yes ☐ No ☒d. STREET
ADDRESS(If outside, give location)
R. R. 2Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Raymond

Middle

Willard

Last

Martin

4. DATE
OF DEATH

Month

Day

Year

November 15, 1962

5. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
6-10-18999. AGE (last birthday)
63IF UNDER 1 YEAR
Months Days Hours Min.IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Laborer10b. KIND OF BUSINESS OR INDUSTRY
Farming11. BIRTHPLACE (City and state or country)
Bakersville, Mo.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Millard Martin

13b. MOTHER'S MAIDEN NAME

Amanda Wicker

14. NAME OF HUSBAND OR WIFE

Opal Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No16. SOCIAL SECURITY NO.
[REDACTED]

17. INFORMANT

Address

Opal Martin R. 2 Bragg City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Probably Coronary Occlusion. This man died while
Driving his automobile.INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____ to _____ and last saw her alive on _____.
Death occurred at 10:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

Coroner

22b. ADDRESS

Wardell, Mo.

22c. DATE SIGNED

11-15-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)
Burial

23b. DATE

11-18-62

23c. NAME OF CEMETERY OR CREMATORY

Oak Grove Cemetery

23d. LOCATION (City, town, or county)

Caulfield, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Osburn Funeral Home, Hayti, Mo.

25. DATE RECD. BY LOCAL REG.

11-18-62

26. REGISTRAR'S SIGNATURE

Charlotte E. Sloan

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

NOV 27 1962

NOV 29 1962

JAN 15 1963

JAN 25 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James G. Pabon

Licensed Embalmer No. 4185

P. O. Address Hayti, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.